B22A (Official Form 22A) (Chapter 7) (12/10)

In re Sharon Jean	Brown	
Case Number:	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
		(check one box as directed in 1 art 1, 111, or v1 or this statement).
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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B22A (0	Official Form 22A) (Chapter 7) (12/10)						
	Part II. CALCULATION OF M	O	NTHLY INCO	ME FOR § 707(b)(7) I	EXCLUSION	
	Marital/filing status. Check the box that applies a	and (complete the balanc	ce of this part of this stat	emei	nt as directed.	
a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
2	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.						
	c. Married, not filing jointly, without the dec ("Debtor's Income") and Column B ("Spot	ıse's	Income") for Lin	nes 3-11.		_	
	d. Married, filing jointly. Complete both Co				(''Sp		
	All figures must reflect average monthly income re calendar months prior to filing the bankruptcy case					Column A	Column B
	the filing. If the amount of monthly income varied					Debtor's	Spouse's
	six-month total by six, and enter the result on the a	appr	opriate line.			Income	Income
3	Gross wages, salary, tips, bonuses, overtime, con	mmi	ssions.		\$	3,328.79	\$
	Income from the operation of a business, profess						
	enter the difference in the appropriate column(s) o						
	business, profession or farm, enter aggregate number not enter a number less than zero. Do not include						
4	Line b as a deduction in Part V.	any	part of the busine	ess expenses entered on			
			Debtor	Spouse	1		
	a. Gross receipts	\$	0.00	\$			
	b. Ordinary and necessary business expenses	\$	0.00				
	c. Business income	Su	btract Line b from	Line a	\$	0.00	\$
	Rents and other real property income. Subtract						
	the appropriate column(s) of Line 5. Do not enter						
5	part of the operating expenses entered on Line l	as		· · · · · · · · · · · · · · · · · · ·	1		
3	a. Gross receipts	\$	Debtor 0.00	Spouse			
	b. Ordinary and necessary operating expenses	\$	0.00				
	c. Rent and other real property income		btract Line b from		\$	0.00	\$
6	Interest, dividends, and royalties.				\$	0.00	\$
7	Pension and retirement income.				\$	217.77	\$
8	Any amounts paid by another person or entity, expenses of the debtor or the debtor's dependen purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular paif a payment is listed in Column A, do not report the	ts, i tena tyme	ncluding child sup ance payments or an ent should be report	oport paid for that mounts paid by your rted in only one column;	\$	0.00	\$
9	Unemployment compensation. Enter the amount However, if you contend that unemployment compensation that under the Social Security Act, do not list the or B, but instead state the amount in the space below the under the Social Security Act Debtor.	in the sense and	ne appropriate colur ation received by yo	mn(s) of Line 9. You or your spouse was a pensation in Column A	\$	0.00	\$
	<u> </u>	d a			Ψ	0.00	Ψ
10	Income from all other sources. Specify source an on a separate page. Do not include alimony or sel spouse if Column B is completed, but include all maintenance. Do not include any benefits received received as a victim of a war crime, crime against adomestic terrorism.	oara l oth d un	te maintenance pa her payments of ali der the Social Secu anity, or as a victim	ayments paid by your imony or separate urity Act or payments of international or	1		
		¢	Debtor	Spouse	H		
	a. b.	\$		\$ \$			

Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

Total and enter on Line 10

11

0.00 \$

3,546.56 \$

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		3,546.56
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	42,558.72
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: CA b. Enter debtor's household size: 1	\$	49,188.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	_	
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	n does	not arise" at
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statemen	t.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)			
16	Enter the amount from Line 12.	\$	
17	ne 11, did		
	a. \$ b. \$ c. \$ d. \$ Total and enter on Line 17	\$	
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME		
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
19A	nal able mber		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age older. (The applicable number of persons in each age category is the number in that category that would curre be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whyou support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons	e or ntly noom n Line	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists the number that would currently be allowed as exemptions on your federal income tax return, plus the number any additional dependents whom you support.	s of	

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.			
	b. Average Monthly Payment for		\$	
	home, if any, as stated in Lin c. Net mortgage/rental expense		\$ Subtract Line b from Line a.	\$
				φ
21		e allowance to which you are entit	that the process set out in Lines 20A and cled under the IRS Housing and Utilities entitled, and state the basis for your	\$
	Local Standards: transportation;	vehicle operation/public transpo	rtation expense.	
		vance in this category regardless of	f whether you pay the expenses of operating a	
22A	Check the number of vehicles for wincluded as a contribution to your h		es or for which the operating expenses are	
	\square 0 \square 1 \square 2 or more.			
	If you checked 0, enter on Line 22A			
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or			
	Census Region. (These amounts are	available at www.usdoj.gov/ust/	or from the clerk of the bankruptcy court.)	\$
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
			1. Check the number of vehicles for which ship/lease expense for more than two	
	☐ 1 ☐ 2 or more.			
23	(available at www.usdoj.gov/ust/ or	from the clerk of the bankruptcy cured by Vehicle 1, as stated in Lin	e IRS Local Standards: Transportation court); enter in Line b the total of the Average ne 42; subtract Line b from Line a and enter	
	a. IRS Transportation Standard		\$	
	b. Average Monthly Payment for 1, as stated in Line 42	or any debts secured by Vehicle	\$	
	c. Net ownership/lease expense	for Vehicle 1	Subtract Line b from Line a.	\$
	the "2 or more" Box in Line 23.	·	2. Complete this Line only if you checked	
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.			
	a. IRS Transportation Standard		\$	
	b. Average Monthly Payment for 2, as stated in Line 42	or any debts secured by Vehicle	\$	
	c. Net ownership/lease expense	for Vehicle 2	Subtract Line b from Line a.	\$
			spense that you actually incur for all federal,	
25		estate and sales taxes, such as inc	ome taxes, self employment taxes, social	\$

26	Other Necessary Expenses: involuntary deductions fo deductions that are required for your employment, such a Do not include discretionary amounts, such as voluntary	as retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in	ency, such as spousal or child support payments. Do not	\$	
29		t or for a physically or mentally challenged child. Enter nd for education that is a condition of employment and for allenged dependent child for whom no public education	\$	
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pro-		\$	
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of insurance or paid by a health savings account, and that is include payments for health insurance or health savings.	yourself or your dependents, that is not reimbursed by s in excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state y below: \$	your actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly			
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary			

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^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$		
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deductions	s under § 707(b). Enter the total of L	ines	34 through 40		\$
		S	ubpart C: Deductions for Del	bt F	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Α	verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		☐ yes ☐ no	
					Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
		Name of Creditor	Property Securing the Debt	-	1/60th of th	e Cure Amount	
	a.					otal: Add Lines	\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as				\$		
			If you are eligible to file a case under the amount in line b, and enter the res				
	a.	Projected average monthly Cha		\$			
45	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	c.	Average monthly administrativ	re expense of Chapter 13 case	То	tal: Multiply Line	es a and b	\$
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 45				\$
		Su	ibpart D: Total Deductions fr	ron	Income		
47	Tota	l of all deductions allowed under	§ 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
		Part VI. DE	TERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur.	rent monthly income for § 707(b)(2))			\$
49	Ente	r the amount from Line 47 (Tota	l of all deductions allowed under § '	707((b)(2))		\$
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	ılt.	\$
51	60-n	_	707(b)(2). Multiply the amount in Lin	ne 5	0 by the number	60 and enter the	\$

	Initial presumption determination. Check the applicable box and proceed as dis	rected.			
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for statement, and complete the verification in Part VIII. You may also complete Part VIII.				
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.	Complete the remainder of Part VI (Lines 53 through 55).		
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$		
	Secondary presumption determination. Check the applicable box and proceed a	as directed.			
55	The amount on Line 51 is less than the amount on Line 54. Check the box 1 of this statement, and complete the verification in Part VIII.	x for "The presumption does not ari	se" at the top of page		
	The amount on Line 51 is equal to or greater than the amount on Line 54 of page 1 of this statement, and complete the verification in Part VIII. You may a		tion arises" at the top		
	Part VII. ADDITIONAL EXPENSE	CLAIMS			
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All f each item. Total the expenses.	n your current monthly income und	er §		
	Expense Description	Monthly Amou	nt		
	a.	\$			
	b.	\$			
	c.	\$			
	d.	\$			
	Total: Add Lines a, b, c, and d	\$			
	Part VIII. VERIFICATION	V			
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: July 6, 2012 Signature: /s/ Sharon Jean Brown Sharon Jean Brown				
		(Debtor)			

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^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2012 to 06/30/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Coldwell Banker Bartels Realtors

Income by Month:

6 Months Ago:	01/2012	\$0.00
5 Months Ago:	02/2012	\$0.00
4 Months Ago:	03/2012	\$0.00
3 Months Ago:	04/2012	\$6,655.42
2 Months Ago:	05/2012	\$11,658.00
Last Month:	06/2012	\$1,659.30
	Average per month:	\$3,328.79

Line 7 - Pension and retirement income

Source of Income: **PERS**

Income by Month:

6 Months Ago:	01/2012	\$217.77
5 Months Ago:	02/2012	\$217.77
4 Months Ago:	03/2012	\$217.77
3 Months Ago:	04/2012	\$217.77
2 Months Ago:	05/2012	\$217.77
Last Month:	06/2012	\$217.77
	Average per month:	\$217.77

Non-CMI - Social Security Act Income

Source of Income: Social Security Benefit

Income by Month:

6 Months Ago:	01/2012	\$1,620.00
5 Months Ago:	02/2012	\$1,620.00
4 Months Ago:	03/2012	\$1,620.00
3 Months Ago:	04/2012	\$1,620.00
2 Months Ago:	05/2012	\$1,620.00
Last Month:	06/2012	\$1,620.00
	Average per month:	\$1,620.00